

Education Authority of the County of Lanark.

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ELEVENTH  
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,  
SUPERVISION AND TREATMENT  
OF SCHOOL CHILDREN.



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1919-1920.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
AUTHORITY OF THE COUNTY OF LANARK.

MR CHAIRMAN, LADIES AND GENTLEMEN,

We beg to submit the Eleventh Annual Report on the  
Medical Inspection, Supervision, and Treatment of School Children  
in the County of Lanark for the year ending 31st July, 1920.

We are,

Your obedient Servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,  
3 Clydesdale Street,  
Hamilton, September, 1920.

# LIST OF STAFF.

## NORTHERN DIVISION.

Principal School Medical Officer.

JOHN MACINTYRE,  
M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

(a) THOMAS P. GRANT,  
M.B., Ch.B.

(b) JANE B. DAVIDSON,  
M.B., Ch.B.

Dental Surgeons.

HENRY R. BOWER, L.D.S.

(d) WILLIAM KERR, L.D.S.

*Additional Assistant Medical Officer Sanctioned by Board of Health in*  
Ophthalmic Surgeon—ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.

## Part-Time Ophthalmic Surgeons.

(e) W. HISLOP MANSON,  
M.A., M.D., F.R.F.P.S.G.

(e) H. SOMMERVILLE MARTYN,  
M.A., M.B., CH.B.

## SOUTHERN DIVISION.

Principal School Medical Officer.

W. JONES MACKINNON,  
M.D., C.M., D.P.H.

Assistant School Medical Officers.

CUNISON D. RANKIN,  
M.D., Ch.B., D.P.H.

(b) ANN K. CORMACK,  
M.B., Ch.B.

Dental Surgeons.

(c) R. JARDINE BEATTIE, L.D.S.

(d) ANDREW C. F. RANKIN, L.D.S.

JAMES R. WATSON,  
M.A., M.D., D.P.H.

(e) JAMES A. WILSON,  
M.D., D.P.H.

Part-Time Ear, Nose, and Throat Specialist—JAMES ADAM, M.A., M.D.  
F.R.F.P.S.G.

## NURSES.

MARION CLARK.

ISOBEL T. COCHRAN.

CHRISTINA CRAIB.

(f) ELIZABETH H. MORWOOD.

MARJORIE M'DOUGAL.

ISOBEL DICK.

FRANCES M'KEE.

(g) RUBY STRANG.

(f) AGNES C. WHITE.

(g) JENNY G. WILSON.

JEANIE M'NICOL.

## Clerical Staff.

ROBERT A. M'ROBBIE.  
JOHN WRIGHT.

ELIZABETH HARLEY.  
HELEN S. STEVEN.

(a) Appointed Sept., 1919, vice Dr Clark,  
resigned July, 1919.

(b) Appointed Sept., 1919.

(c) Appointed Sept., 1919, vice Mr Gilchrist,  
resigned July, 1919.

(d) Appointed November, 1919.

(e) Appointed December, 1919.

(f) Appointed October, 1919.

(g) Appointed November, 1919.

## SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

### I.

#### LIST OF STAFF.

In the scheme of Medical Inspection, Supervision and Treatment of School Children the County is divided into two areas—a Northern and a Southern Division. The Northern Division—comprising the Burghs of Airdrie, Coatbridge and Rutherglen, and the Lower Ward and part of the Middle Ward of the County—is under the charge of a Principal School Medical Officer with two whole-time Assistant School Medical Officers and three whole-time Nurses. The Southern Division—comprising the Burghs of Biggar, Hamilton, Lanark, Motherwell and Wishaw, and the Upper Ward and part of the Middle Ward of the County—is similarly under the charge of a Principal School Medical Officer with two whole-time Assistant School Medical Officers and three whole-time Nurses.

The Treatment Staff consists of one whole-time Ophthalmic Surgeon and four part-time Ophthalmic Surgeons; four whole-time Dental Surgeons; one part-time Ear, Nose and Throat Specialist; and five whole-time Nurses.

For details of Medical Staff, see page 6.

### II.

(a) Number of Schools in the whole Area—

Elementary ... ..	233
Higher Grade ... ..	20
Special Schools or Classes ... ..	4

(b) Number of Children on Register ... ..	104,480
Number of Children in average attendance...	91,358

### III.

#### NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The total number of visits paid to schools by the School Medical Officers, in connection with the routine examination of scholars, amounted to 1109.

### IV.

#### NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICER.

For purposes of supervision a large number of visits was made by the Medical Officers to ascertain what improvements, if any, had resulted from the notification to the parents of the defects found in their children at the routine inspection, and to see that, where improvement had taken place, that improvement was being maintained.



The need for this regular supervision is not equally urgent in all districts, or even in schools situated in the same district; but, generally, it is in the densely populated industrial areas that the greatest need for regular, systematic supervision exists. This applies especially in the control of uncleanness and infectious or contagious diseases. In all 828 special visits were made by the School Medical Officers during the year.

## V.

### SANITARY CONDITIONS OF SCHOOLS.

Speaking of the area as a whole, the sanitary conditions are fairly satisfactory. There are certain schools, however, where a bad state of sanitation exists, but these schools are now being thoroughly overhauled, and the sanitary arrangements put on a satisfactory basis. A printed form of instructions has been issued to each school janitor and caretaker in the County, giving them full guidance as to cleaning, disinfection, and care of all school buildings, offices and playgrounds. During the year the Authority carried out repairs and improvements where these were most urgently needed, and have now a definite scheme not only for the renovation and alteration of existing school premises, but also for the erecting of new schools and extensions to the present schools. During the period covered by the war things had to remain pretty much as they were, so that, on the cessation of hostilities, there had accumulated a large amount of repair work. The overtaking of these arrears and the proceeding with a programme of new building at the present time are rather formidable tasks, which will take a considerable time to accomplish.

## VI.

### (A.) ORGANISATION AND ADMINISTRATION.

As a number of the members of the Education Authority and of the various School Management Committees may not be fully conversant with the scheme of Medical Inspection and Supervision as carried out in the County, it has been thought advisable to give a summary of the scheme in this Report. Moreover, as several new Head Teachers have been appointed within the past few years, it may not be out of place to afford them fuller information on the scope and purpose of the scheme in order that they may the more effectively co-operate with the School Medical Staff.

The Scheme makes provision for the systematic routine Medical Examination and Supervision of all pupils attending the Primary, Intermediate, and Secondary Schools in the County.

Each pupil is examined, as routine, on at least three occasions during his or her school life, namely:—

- |                             |                      |
|-----------------------------|----------------------|
| (1) On entering school ...  | (5 years old group). |
| *(2) At the age of 11 years | (11 " " " " ).       |
| *(3) Before leaving school  | (13 " " " " ).       |

\*These age groups will, next year, be altered to 9 years and 12 years respectively, in accordance with the suggestion contained in the Memorandum issued by the Scottish Board of Health, and routine inspection extended to pupils of 16 years of age in attendance at Intermediate and Secondary schools.



In addition to the foregoing, any pupil who, in the opinion of the teacher, is in need of medical examination may be presented to the School Medical Officer for his advice at any visit made to the school. This large and, probably, most important class is called "Specially Selected Cases," and includes those children who do not come under the routine age groups which fall automatically to be examined.

In 1910 the question arose as to whether students attending Training Centres should also be examined by the School Medical Staff, and the Secondary Education Committee decided to undertake this work. Such students are now examined yearly. All candidates for Junior Studentship are now examined by the School Medical Officer under instructions issued by the Scottish Education Department. (Letter 10th September, 1919).

After the passing of the Mental Deficiency and Lunacy (Scotland) Act, 1913, many of the School Boards in the County enquired whether the services of the School Medical Officers would be available in connection with the ascertainment and certification of mentally defective school children in their area. The Secondary Education Committee expressed the opinion that it would be of advantage if the services of the two Principal School Medical Officers were made available to School Boards for this purpose, and the General Board of Control agreed to recognise the certificates granted by these Medical Officers. The Education Authority of the County decided to extend this policy to embrace the examination and certification of all mentally defective children of school age throughout the whole educational area.

In addition to the examination of mentally defective children in the County, a considerable number of physically defective children who are unable to attend an ordinary school fall to be examined from time to time.

A considerable increase in the numbers already under medical examination and supervision is anticipated not only by the extension of the school age to 15 years but also by the inclusion of the young persons attending Continuation Classes. Section 15, Sub-Section 13, of the Education (Scotland) Act, 1918, states:—"The provisions of Section 4 of the Education (Scotland) Act, 1908, which relates to the Medical Inspection of Children, shall apply, with the necessary modifications, to the medical examination and supervision of young persons under the obligation to attend Continuation Classes under this Section." This will mean that the numbers requiring medical examination and supervision in the County will probably reach, if not exceed, 120,000.

The results of the routine examinations of each pupil are recorded on his or her Record Card, one side of which is ruled off for four routine examinations. The other side of the card has entered on it the Name, Address, and Health History of the pupil. The Record Card is compiled in accordance with the suggestions contained in

the Scotch Education Department's Circular 460, thus securing uniformity of method in all schools. The names of the children selected for examination, other than as routine cases, are entered on a special form which contains a column for remarks by the School Medical Officer.

Any condition calling for attention is notified to the parents forthwith in a sealed envelope. All children suffering from any condition of a contagious or infectious nature, whether compulsorily notifiable or not, are excluded from school, and a notice is immediately sent to the Medical Officer of Health of the district in which the child concerned resides. The closest co-operation is maintained with the Public Health Authorities of the various sanitary areas.

The results of all examinations of pupils are summarised, and are subsequently embodied in the Annual Report. A list of the children who were found to be suffering from conditions requiring attention is prepared and a copy sent to the Head Teacher of the school for his private information.

Although only one routine examination is made yearly at each school, special visits are made by the School Medical Officers at frequent intervals in order that efficient supervision may be maintained. The School Medical Officers supervise the lighting, heating, ventilation, etc., of the schools, and advise the Teachers on all matters relating to the physical condition of the pupils, especially as regards those who are found to suffer from some defect and for whom special provision requires to be made.

## (B.) SCHOOL NURSES.

### 1. NUMBER ON STAFF.

The total number of nurses on the staff is eleven. Six nurses are employed in Medical Inspection and Supervision; four are employed in Dental Treatment; and one in Ophthalmic Treatment.

### 2. DUTIES IN SCHOOL.

The nurses engaged in Medical Inspection and Supervision conduct the weighing and measuring of the pupils: examine the clothing, heads and bodies of the children suspected of uncleanness; prepare the pupils for the Medical Officer's examination, and fasten the clothing after the examination is completed. They also help in the preliminary testing of the visual acuity of the pupils, and assist the Medical Officer in issuing any necessary notices to parents.

The nurses engaged in Treatment of school children assist the Ophthalmic or Dental Surgeons at the various clinics. They prepare the children for treatment and keep the records of treatment in a special book. They supervise the equipment and see to the sterilisation of instruments, etc. It is also their duty to see that all children are properly wrapped up before leaving the clinic.

### 3. DUTIES IN VISITING.

Nurses engaged in Medical Inspection and Supervision, in addition to assisting at the actual examination, also visit the homes of those children whom the Medical Officer may specially select as requiring "following up." Such cases are usually those of uncleanness, malnutrition, neglect, or contagious skin diseases.

The number of special visits paid to the homes this year was 440.

#### (C.) ARRANGEMENTS FOR "FOLLOWING UP."

Every bad case of uncleanness or neglect, in addition to being formally notified, is followed up by a visit of the school nurse to the home of the child concerned. Home visits are not confined to cases of uncleanness, but are also made when other conditions, such as ear discharge, inflammation of the eyelids, skin diseases, etc., are not being efficiently treated, and a considerable amount of good has resulted from the simple instructions given to the parents by the nurses.

All cases of verminous children whose homes are reported by the school nurse to be in a filthy or verminous state are notified to the local Sanitary Authorities, who in many instances have, through their sanitary officers, given valuable assistance in the cleansing and disinfection of wearing apparel, bed-clothing, etc. Thanks are specially due in this respect to Mr Arthur Dutch, Coatbridge; to Mr Gilbert Scott, Airdrie; and to Mr Weir, Rutherglen.

Cases of extreme neglect are reported to the local officers of the Society for the Prevention of Cruelty to Children, and the assistance granted by these officers has been very helpful. Several prosecutions have been instituted at the instance of the Society, and convictions obtained. Most helpful assistance has been given by Mr A. Forbes, Hamilton; Mr J. Campbell, Coatbridge; Mr A. M'Millan, Wishaw; and Mr M. M'Phail, Airdrie.

#### (D.) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

In order to keep the various Public Health Authorities in close touch with the prevalence of infections or contagious disease amongst school children, arrangements have been made whereby all cases of infectious or contagious disease, whether compulsorily notifiable or not, are notified to the Health Authority concerned. Such conditions include diphtheria, scarlet fever, erysipelas, pulmonary tuberculosis, measles, whooping-cough, mumps, chicken-pox, scabies, ringworm, glandular and caseous tuberculosis, epidemic ophthalmia, etc. When a child is discovered to be suffering from an infectious or contagious disease, he is promptly excluded from school, and notification is sent to the Medical Officer of Health of the district, to the Headmaster of

the school and to the parents of the child, intimating the nature of the disease and the probable period of exclusion from school. If the disease is one which is likely to affect several members of a family, or children in the same class room, strict examination is made for early signs or evidence of the disease. No child who has been excluded from school for infectious or contagious disease should be readmitted by the teacher without producing a clearance certificate from the family doctor or from the Public Health Authorities, or, in the absence of such certificate, without being examined by the School Medical Officer.

When school closure is recommended by the School Medical Officer he supplies the necessary data to the Medical Officer of Health of the district, and, on the other hand, the Medical Officer of Health keeps the School Medical Officer informed of the progress of any epidemic diseases and notifies him as to any action considered necessary or advisable. This arrangement obviates the necessity for two sets of officials visiting a school for the same purpose.

During the year under review, Dr J. Hume Patterson, County Bacteriologist, examined and reported upon the undernoted specimens submitted to him by the School Medical Officers:—

Diphtheria, 9; Ringworm, 61; and Sputum, 1.

#### (E.) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The closest co-operation with the various Health Authorities in the County and Burghs is maintained. Several conferences with the Health Authorities have taken place for the discussion of matters relating to the prevention of disease and general hygiene. (See also headings (C) and (D) above).

#### (F.) PRESENCE OF PARENTS AT INSPECTION.

The number of parents who come to the examination of their children in school is relatively small. Generally speaking, more parents attend the examinations in the urban areas, the schools being more conveniently situated to their homes. In rural districts, where children frequently have to come long distances to school, it cannot be expected that many parents will attend. In fact, in some of these schools it is a rare experience to find a parent in attendance at the examinations. Taken all over, about 20 per cent. of the parents attend at the routine examination. The great majority of these are present at the examination of the infant children.

#### (G.) SPECIAL EXAMINATIONS.

In order to obtain information regarding the needs for special schools or classes for physically and mentally defective children throughout the educational area, a census was made in the various School Management Committee areas of those children who, through



physical or mental disability, were either not in attendance at any school, or who, although attending school, were not able to obtain full benefit from the instruction provided. The special examinations of the children selected were personally conducted by the Principal School Medical Officers, and much valuable data obtained. The results of the examinations were considered by the Authority, and it was agreed to take steps forthwith towards erecting a special school for physically and mentally invalid children resident in the areas of Rutherglen, Cambuslang, and Blantyre. It is hoped that, in the course of time, at least five such schools will be established at convenient centres throughout the County. Altogether during the year there were 247 physically and 119 mentally defective children examined, but owing to the census in some of the districts not being complete, supplementary examinations will be necessary. In addition to the above, several special cases were seen by the Principal School Medical Officers at the Medical Inspection Offices in Hamilton.

## VII.

## THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

## (A.) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations.	Boys.	Girls.
Entrants (6 years old and under) ... ..	9523	9421
Intermediates (11 years old) ... ..	5149	4854
Leavers (13 years old) ... ..	4332	3992
	<hr/>	<hr/>
	19,004	18,177
	<hr/>	<hr/>
Total ... ..	37,181	
(b) Special Cases (non-routine) ... ..	2,984	
	<hr/>	
Grand Total... ..	40,165	
	<hr/>	

## (c) Pupils Examined at Re-visits:—

Number examined at 1st re-visit ... ..	13,098
„ „ 2nd „ ... ..	10,609
„ „ 3rd „ ... ..	3,702
	<hr/>
	27,409
	<hr/>

## (d) Examination of Junior Students:—

Entrants ... ..	53
During Training (1st, 2nd and 3rd year)...	125
	<hr/>
	178
	<hr/>

## (e) Examination of Physically and Mentally Defective Children in attendance at Special Classes:—

1. Physically Defective ... ..	64
2. Mentally Defective ... ..	27

## (f) Special Examination of Physically and Mentally Defective Children:—

1. Physically Defective ... ..	247
2. Mentally Defective ... ..	119

(B.) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS  
SUFFERING FROM DEFECTS.

The number of children notified to parents as suffering from defects—exclusive of defective teeth—was 11,341, and the number of defects from which these children suffered was 15,860.

The principal defects calling for notification were:—Uncleanliness of head, body or clothing, 4054; unsatisfactory clothing and footgear, 925; defective vision, including squint, 4044; external eye disease, 608; enlarged tonsils and adenoids, 3596; diseases of the ear, 1132; skin diseases, 565; other conditions, 936.

In addition to the foregoing, 31,153 pupils were notified for defective teeth.

(C.) NUMBER OF CHILDREN RECEIVING ATTENTION,  
EXCLUSIVE OF DEFECTIVE TEETH

Of the 11,341 pupils notified, 6182, or 55 per cent., were found on re-examination to be cured, improved, or under treatment. Of the cases of visual defect, 2014 were treated by the Education Authority's Ophthalmic Surgeons. Reference to the Dental Report shows the number of children treated by the Authority's Dental Staff.

(D.) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair		Dirty.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
37,181	126	34	294	79	989	2.66	165

(E.) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
37,181	327	87	40



## (F.) AVERAGE HEIGHTS AND WEIGHTS.

## BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ... ..	5½	11½	13½
County of Lanark Average, ...	41·9	53·8	57·7
Anthropometric Standard, ...	42·5	54·2	58·2
Difference, ... ..	-0·6	-0·4	-0·5

## GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ... ..	5½	11½	13½
County of Lanark Average, ...	41·4	53·5	57·2
Anthropometric Standard, ...	41·8	54·4	58·8
Difference, ... ..	-0·4	-0·9	-1·6

## BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years, ... ..	5½	11½	13½
County of Lanark Average, ...	40·9	70·4	83·8
Anthropometric Standard, ...	42·1	74·3	87·3
Difference, ... ..	-1·2	-3·9	-3·5

## GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years, ... ..	5½	11½	13½
County of Lanark Average, ...	40·2	69·4	84·2
Anthropometric Standard, ...	41·0	72·5	91·8
Difference, ... ..	-0·8	-3·1	-7·6

## (G.) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Vermineous.	Per cent.	No. found defective.
37,181	2939	7.9	713	1.9	303

## (G.) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Vermineous.	Per cent.	No. found defective.
37,181	798	2.1	459	1.2	263

## (H.) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special cases.
No. Examined.	Ring- worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found. defective.
37,181	23	.06	274	.7	...	...	77	.2	121

## (H.) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special cases.
No. Examined	Ring- worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
37,181	6	.02	35	.1	58	.15	52	.14	84

## (I.) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined	Average and above Average.		Below Average.		Very bad.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
37,181	36,755	99	378	1.0	14	.04	25

## (J.) TEETH.\*

Systematic Cases.							Special Cases.
No. Examined.	1-4 Decayd.		5 or more decayed.		Oral Sepsis.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
18,237	6357	34.8	2010	11.0	26	.14	130

\*11 year group, 13 year group, and selected cases only.  
6-9 years group included in Dental Surgeons' Report.

## (K.) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
37,181	270	.7	298	.8	7	.02	38

(K.) (b) THROAT.

Systematic Cases.										Special Cases.	
Number Examined.	Tonsils.				Adenoids.				Other Diseases.		
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
	6169	16.6	2438	6.5	1293	3.5	699	1.9	14	.04	
	37,181										
										Number found Defective.	
										275	

(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Systematic Cases.								Special Cases.	
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.
	Number.	Per cent	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
37,181	13,165	35.4	105	.3	4	.01	108	.3	79

## (L.) EXTERNAL EYE DISEASES.

Systematic Cases.										Special Cases.	
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
37,181	704	1.9	128	.3	86	.23	549	1.5	63	.17	404

## (M.) VISUAL ACUTY.

Number Examined.	Systematic Cases.						Special Cases.  Number found Defective.
	Good Vision.		Fair Vision.		Bad Vision.		
	Number	Per cent.	Number.	Per cent.	Number.	Per cent.	
*18,237	15,245	83.6	1118	6.13	1874	10.27	1026

\*Infant Children not included in this Table.

# (N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhoea.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
	453	1.2	1574	4.2	59	.15	
37,181							110

# (O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
	218	.6	31	.1	
37,181					77

(P.) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
37,181	92	.24	75	.2	37

(Q.) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
37,181	104	.28	14	.03	59	10



(R.) HEART AND CIRCULATION.

Systematic Cases.					Special Cases.				
Number Examined.	Organic.				Functional.		Anemia.		Number found Defective.
	Congenital.		Acquired.		Number.	Per cent.	Number.	Per cent	
	Number.	Per cent.	Number.	Per cent.					
37,181	31	.08	36	.09	48	.13	347	.9	43

(S.) LUNGS.

Number Examined.	Systematic Cases.				Special Cases.				
	Chronic Bronchitis.		Tuberculosis.		Other Diseases.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
37,181	122	.3	7	.02	2	.005	100	.26	25

(T.) NERVOUS SYSTEM.

Systematic Cases.							Special Cases.	
Number Examined.	Epilepsy.		Chorea.			Infantile Paralysis.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
37,181	4	.01	10	.02	19	.05	16	

## (U.) TUBERCULOSIS (NON-PULMONARY)

Number Examined.	Systematic Cases.								Special Cases.		
	Glandular.		Bones and Joints.		Abdominal.		Skin.			Other Forms.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		Number.	Per cent.
37,181	8	·02	11	·03	15	·04	4	01	11	·03	20

# (V.) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
37,181	158	.4	28	.08	7

25

# (W.) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rhachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
37,181	79	.2	38	.1	19

## (Y.) OTHER DISEASES OR DEFECTS.

Other diseases or defects, not included in the foregoing Tables, to the number of 350 were discovered at the examinations of the pupils. Of these defects the chief are:—Minor septic conditions, 51; enlarged thyroid, 66; hernia, 13; enuresis, 8; stomatitis, 8; simple tumours, 7; rheumatism, 5; angioma, 5; Raynaud's disease, 8; hydrocephalus, 2; ununited fracture, 1; unreduced dislocation, 1; acute appendicitis, 1; and confirmed smokers, 124.

## VIII.

## SPECIAL SCHOOLS AND CLASSES.

## 1. PHYSICALLY DEFECTIVE CHILDREN.

There is a Special Class for these children at Knowetop Public School, Motherwell. The number on the roll of this class is 28.

Cripple children from Rutherglen area are, by arrangement with Glasgow Education Authority, educated at Burnside Special School. In addition, a considerable number of physically defective children are being educated in Institutions.

## 2. MENTALLY DEFECTIVE CHILDREN.

The Authority have a Special Class for these children at Knowetop Public School, Motherwell, and at Muir Street Public School, Larkhall, with 13 and 14 children respectively on the roll. Children from the districts bordering on Glasgow are educated at Hayfield Special School for Mentally Defective Children, by arrangement with the Glasgow Education Authority. Several mentally defective children are, in addition, being educated at Institutions—Larbert, Baldovan, and St. Charles', Whiteinch.

## 3. BACKWARD CHILDREN.

No special classes for the education of these children have, so far, been established.

## 4. BLIND AND PARTIALLY BLIND CHILDREN.

The Authority have no classes for the education of blind children. As the number of such children is small, they are sent to special institutions, e.g., Royal Asylum for the Blind, Glasgow; Royal Asylum for the Blind, Edinburgh; and St. Vincent's Special School, Tollcross.

## 5. DEAF AND DEAF MUTE CHILDREN.

The Authority have a special School—St. John's Special School, Hamilton—for the education of deaf-mute children. The number on the roll is 36. In addition, several children are being educated at the Institution for the Deaf and Dumb, Glasgow; Royal Institution for Deaf-Mutes, Edinburgh; Donaldson's Hospital, Edinburgh; Queen's Park Deaf and Dumb Institution, Glasgow; and at St. Vincent's Special School, Tollcross.

## X

## INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Osseous Tuberculosis.	Abdominal Tuberculosis.	Diphtheria.	Scarlet Fever.	Measles.	Chickenpox.	Whooping Cough.
COUNTY—													
Upper Ward, ...	4	11	10	...	...	1	1	1	...	...	...	...	...
Middle Ward, ...	14	23	47	41	1	13	9	4	1	1	..	2	...
Lower Ward, ...	2	2	13	1	...	1	5	...	...	...	...	...	...
BURGHES—													
Airdrie, ...	5	18	27	...	...	5	...	...	...	1	1	...	...
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	1	28	27	...	...	2	6	...	...	...	...	...	...
Hamilton, ...	4	9	13	1	...	...	3	...	1	...	..	...	1
Motherwell, ...	9	17	30	...	...	...	4	9	1	...	..	...	...
Lanark, ...	4	6	6	..	...	2	...	1	...	...	...	...	...
Rutherglen, ...	5	6	13	6	1	5	7	...	...	..	..	...	...
Wishaw, ...	4	6	46	...	...	...	1	2	...	..	..	...	...
TOTAL, ...	52	126	232	49	2	29	36	17	3	2	1	2	1



## IX.

## ARRANGEMENTS FOR PHYSICAL EDUCATION.

Throughout the whole educational area physical exercises are given to all pupils. In the case of elementary schools these exercises are given by the various class teachers in accordance with the syllabus issued by the Department. The pupils attending Higher Grade Schools and Junior Students in training receive physical instruction from qualified physical instructors. In certain of the larger towns arrangements have been made whereby the use of the public swimming baths are available to pupils attending local schools.

## X.

## ARRANGEMENTS FOR FEEDING OF CHILDREN.

The feeding of school children is not generally undertaken by the Authority.

## XI.

## ARRANGEMENTS FOR MEDICAL TREATMENT.

Throughout the whole educational area provision has been made by the Education Authority for the visual and dental treatment of all children attending the Elementary, Intermediate, Secondary, and Higher Grade Schools. For this purpose the Authority employs one whole-time Ophthalmic Surgeon and four part-time Ophthalmic Surgeons, and four whole-time Dental Surgeons. In addition, one part-time Ear, Nose and Throat Specialist is employed for the purpose of treating special cases brought to his notice by the School Medical Officers.

For the convenience of the pupils, twenty-three treatment clinics have been established at suitable centres throughout the County. Twenty-two of these clinics are situated in a room in school buildings. A room for examination of special cases is equipped at the School Medical Inspection Offices in Hamilton.

The whole scheme of treatment is under the supervision of the Principal School Medical Officer in each Division. The Ophthalmic Surgeons and the Ear, Nose and Throat Specialist treat only those cases which have been found defective during the medical inspection by the School Medical Officers. As regards dental treatment, the Dental Surgeons personally examine the teeth of all children between the ages of 6 years and 9 years, and select the cases requiring treatment in this age group. In addition, they treat older pupils whose teeth have been found defective by the School Medical Officers. No treatment is undertaken without the consent, in writing, of the child's parent or guardian.

One of the Authority's Nurses assists each Surgeon in the treatment of the children at the clinics.

It has not been considered necessary, so far, to establish clinics for the treatment of school children suffering from diseases of the skin.



The results of medical inspection show that the great majority of school children affected with skin disease suffer from one or other of the following conditions, viz., Scabies (Itch), Ringworm, or Impetigo. As these are contagious diseases the children affected are excluded from school and the Local Health Authority duly notified. Both in the Burghs and County many of these cases have been dealt with by the Health Authorities who have carried out the disinfection of clothing, bedding, etc. In the Middle Ward District Hospital, Motherwell, an apparatus was installed by the County Council for the treatment of ringworm of the scalp by X-rays. This apparatus, however, has not been available for the treatment of school children since 1914. Other skin affections are comparatively few in number, and, when discovered at the school medical inspection, are notified to the parent who is advised to consult the family doctor.

For details of treatment of defective vision, defective teeth, and diseases of the eye, nose and throat, see respective reports.

**TABLE A.—All Pupils Examined at the Systematic Examination for the Year ending 31st July, 1920.**

SCHOOL MANAGEMENT AREAS.	SCHOLARS EXAMINED IN EACH GROUP.									*Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years & under).		Age Group (11-12 Years).		Seniors (13 Years & Over).		Selected Cases.		TOTAL.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Avondale. ... ..	77	67	45	45	48	42	5	9	348	62	846
Biggar, ... ..	75	71	98	78	40	37	2	5	406	70	694
Blantyre, ... ..	375	386	198	185	118	113	23	26	1424	329	3589
Bothwell, ... ..	1096	1093	551	568	519	404	158	171	4560	1782	12676
Cadder, ... ..	298	267	237	213	135	109	47	37	1343	425	3751
Cambuslang, ... ..	364	340	243	276	216	198	58	62	1757	582	5396
Cambusnethan, ..	691	701	287	309	289	267	100	92	2736	1890	6864
Carluke, ... ..	237	218	92	98	121	104	24	25	919	299	1983
Carnwath, ... ..	144	136	69	82	67	53	13	9	573	136	1386
Dalserf, ... ..	394	449	233	199	190	190	40	50	1745	389	4316
Dalziel, ... ..	1308	1277	524	478	474	429	150	182	4822	3432	11095
Douglas, ... ..	42	48	25	27	16	18	...	1	177	35	520
East Kilbride, ...	57	58	50	35	29	22	2	4	257	54	600
Glassford, ... ..	24	21	14	19	4	18	9	5	114	10	287
Hamilton, ... ..	1126	1080	503	520	511	505	129	131	4505	1115	10765
Lanark, .. ...	290	272	139	137	142	119	47	37	1183	295	3530
Lesmahagow, ...	163	163	112	95	98	103	7	14	755	121	2301
New Monkland, ...	822	859	472	416	365	336	185	192	3647	1299	9264
Old Monkland, ...	994	950	679	537	500	461	218	250	4589	1955	12980
Rutherglen, ...	420	460	294	253	242	186	151	121	2127	950	5808
Shotts, ... ..	382	355	209	203	150	131	79	98	1607	530	4704
Southern, ... ..	85	92	40	51	30	37	...	...	335	59	382
Stonehouse, ...	59	58	35	30	28	20	12	4	246	41	743
TOTALS, .. ...	9523	9421	5149	4854	4332	3902	1459	1525	40165	15860	104180

\*Defective Teeth not included.



TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

[illegible]

NOTE.—For Dental Statistics see separate Report.



## OPHTHALMIC AND DENTAL TREATMENT.

**TABLE C.**—Showing total number of cases treated in the various School Management Committee areas by the Authority's Ophthalmic and Dental Surgeons.—

School Management Area.	Ophthalmic Treatment. No. of Cases Treated.	Dental Treatment. No. of Cases Treated.
Avondale ... ..	10	100
Biggar ... ..	26	101
Blantyre ... ..	52	556
Bothwell ... ..	181	858
Cadder ... ..	40	377
Cambuslang ... ..	92	475
Cambusnethan ... ..	88	553
Carluke ... ..	24	221
Carnwath... ..	26	31
Dalserf ... ..	15	170
Dalziel ... ..	237	776
Douglas ... ..	4	3
East Kilbride .. ..	17	51
Glassford... ..	2	19
Hamilton... ..	214	1496
Lanark ... ..	56	355
Lesmahagow... ..	26	176
New Monkland... ..	211	902
Old Monkland ... ..	439	896
Rutherglen ... ..	155	504
Shotts... ..	75	238
Southern... ..	23	67
Stonehouse ... ..	1	55
	2014	8989







## REPORT BY THE AUTHORITY'S WHOLE-TIME OPHTHALMIC SURGEON.

(DR ERNEST THOMSON.)

It is necessary, in the first place, to explain that in the course of the school year here concerned—namely, as at 1st January, 1920—the Education Authority appointed four part-time Ophthalmic Surgeons. Consequently, no single report—either by the full-time or by the part-time Ophthalmic Surgeons—can deal with the work of a whole year. The reports of the part-time Officers are given separately, and deal with the half-year at certain centres, from January to July, 1920. My own report deals with the majority of the centres for the last-named half-year, and with all the centres (Hamilton excepted) for the half-year, August to December, 1919. Therefore, in Table D. of my report, the figures shown for Cambuslang, Coatbridge, Motherwell, and Rutherglen are figures for the last half of 1919 only: the figures for the first half of 1920 at these centres will be found in the reports of the part-time Officers who take duty there.

In Table C. will be found a statement showing the total number of children treated by all the Ophthalmic Surgeons, from August, 1919, to July, 1920. It may, perhaps, be worth while to examine these figures, and to compare them with those for previous years.

During the war it was impossible for the Ophthalmic Surgeon to devote his whole time to his own proper work, with the result that the number of new cases examined fell from 1498 in 1914-15 to 774 in 1916-17, rose a little in 1917-18, and reached the lowest point, namely 736, in 1918-19. In the past year, since the return of the School Medical Officers, the number of new cases rose from 736 to 1092. But, in comparing 1919-20 with the first complete year of the Treatment Scheme, 1914-15, it must not be forgotten that, whereas in the first complete year only 377 children were re-visited, during the past year 1180 were so re-examined. Such re-visiting is of the utmost importance, so that it is doubtful whether the number of *new cases* treated in 1914-15 can be equalled or exceeded. Turning however to Table C., showing the work of all the Ophthalmic Surgeons combined, it is found that the total number of new cases reaches the comparatively high figure of 2014, and this with only half a year's work to the credit of the part-time Officers.

Once more referring to my own report, it will be observed that the total attendances number 2349 (approximate figure). The number of new cases would have been larger, and that of re-visits smaller, but for the fact that last autumn the School Medical Officers had not yet got into the full swing of inspection. Applications for treatment were consequently slow in coming to hand. Opportunity

was therefore taken to carry out a large amount of re-visiting, especially in the areas about to be taken over by the part-time Ophthalmic Surgeons.

It has been found absolutely necessary to devote one day a week to attendance at the office consulting room. In such a large area as the County of Lanark it is not possible to go from place to place to see a child here and another there. Special cases, and those absent at the regular visit to any given centre, sometimes are so urgently in need of treatment that they must be treated somehow, and, since it is impracticable for the Ophthalmic Surgeon to go to them, without dislocation of routine work, they must be brought to him at Hamilton. In really necessitous cases the cost is defrayed by the Authority, but in most cases the parents pay the travelling expenses. 104 attendances were made at the office consulting room in the school year.

Table E. may be taken as a text for a few remarks. Perhaps the most outstanding point is the large number of cases of convergent squint. These number 270 out of 1092 children examined, that is 24.7 per cent. Now a reference to the 1914-15 Report would show that in that year the percentage was 24.9 per cent., a remarkable equality. We must take it that the optical errors associated with convergent squint are practically a fixed quantity. We cannot alter optical errors. What can be done is to correct them as early as possible with spectacles. It is well known by the medical profession, but not yet understood by many of the laity, that an eye which commences to squint in infancy extremely quickly becomes defective sighted. Now, since most squints develop in infancy, it follows that somewhere near 24 per cent. of the children who come up for school treatment are more or less blind in one eye, not because there is any structural defect in the squinting eye, but because an eye that squints immediately causes double vision. Double vision is intolerable to the human being, and, consequently, the unwanted, unwe'come and confusing mental picture associated with the squinting eye is suppressed by the brain centres. Only severe re-education by various means, involving the covering of the other eye for long periods, or the use of special apparatus by a trained specialist, has any chance of restoring the sight once it has seriously deteriorated. Such treatment is practically out of the question for most people, on account of the expense and the loss of time involved. The proper remedy is to catch the squinter at the very beginning of his squinting career, examine his eyes fully, and prescribe the correct glasses. In most cases this will preserve the existing acuteness of vision, in some cases it will restore the lost acuteness of vision, and in the great majority it will eventually restore the normal position of the eyes and abolish the deformity. Unfortunately, so long as parents and teachers are unaware of the absolute urgency of these cases, so long will we have to deal with children in whom the visual acuteness has grossly deteriorated, and in whom abolition of the deformity is all that can be expected. In many, indeed, the deformity is not completely abolished, though it is generally lessened. The question as to whether an operation should be performed cannot be discussed here. It is often a very difficult question to decide upon, and must be left entirely to the specialist. Need more be said? Every teacher should watch his entrants with the utmost care, and immediately report the names of the squinting children to the School Medical Officer.

Turning to the 5th column of Table E., it will be found that 80 children presented corneal opacities, that is, blemishes on the front of the eye, the result of previous inflammation. Such blemishes prevent the regular refraction of rays of light and lead to defective vision, often of very high degree. Such inflammations are almost invariably associated with malnutrition and generally defective hygiene. They can only be lessened in their incidence by general hygiene improvement. No fewer than 12 cases of congenital cataract were observed. Now, cataract is an opacity of the lens of the eye (not, as generally supposed, a white mark on the cornea), and, in children, is more often than not, invisible to the layman. It passes unnoticed until the child's sight becomes very defective. The fact of its occurrence, and of the occurrence of other internal troubles of the eye which are invisible from the outside, emphasises the necessity of watching children at work and play so as to detect those who do not see as well as their fellows, and of reporting all such cases to the School Medical Officers.

A word or two may be said once more about word and letter blindness, of which conditions two examples were examined in the current year. (See 1914-15 Report, p. 24). Children are met with who cannot learn letters, or, if they can learn letters, cannot learn words. Persuasion, emulation, promises of reward, and punishment are all equally futile. Such children are frequently otherwise intelligent, may be able to learn figures and musical notation, may, in fact, be otherwise normal, but they cannot learn letters and words like other people. The condition is due to a brain defect, and has nothing essentially to do with vision, though it is, of course, quite possible that vision itself may be bad in any particular case. When a teacher meets with a child who is unable to learn to spell and read, but who is otherwise intelligent, he should suspect this condition, and report the case to the School Medical Officer.

Now, it is possible that such cases as these may be punished at school, and, in a general way, bad-sighted children, whatever be the cause of the bad sight, are inattentive. It would be most beneficial if Head Teachers would insist on knowing whether or not a child, who is not learning as he should, is able to see the blackboard at the distance at which he sits. If he cannot see the teacher's writing on the blackboard at the same distance as other children can see it, the child should be brought forward towards the front and kept there until he has been examined by the School Medical Officer or the Ophthalmic Surgeon. If his parents refuse to apply for treatment after this has been advised, the Head Teacher should certainly report the case at once.

One might continue to discuss one's experiences of school children's eyesight till an Annual Report became a treatise; therefore I shall content myself with emphasising one point more. When a child is found to have defective vision, that is a positive ascertainment upon which all parties—parents, teachers, and school medical officers—can agree. The child must be examined and the sight corrected, if possible. But what is *not* realised is,

Firstly.—That a child may have full distant vision with each eye and yet suffer from a high error of focus which causes great eye strain and may cause a large loss of working efficiency. Such a case will not be detected by ordinary inspection unless he complains of headaches, or of occasional blurring of vision, etc. Since many children are aware that any complaint may mean the wearing of spectacles, they are apt to remain silent. The only remedy for this, which up till now we have not been able to employ, is routine special visual inspection of all entrants.

Secondly.—That a child may have deplorably bad vision and yet have anatomically normal eyes. Many of these cases are due to eye strain and come to normal vision after treatment with atropin drops. Some are due to weakness of the muscle of accommodation, subsequent to illness such as influenza or diphtheria, while others are to be classed, though it may seem strange to say so, as hysterical in origin. The treatment depends on circumstances. Cases of this kind also should be reported as soon as possible since they are practically indistinguishable, by any but the specialist, from errors of focus. They are specially mentioned here because they are fairly common and may seem rather inexplicable, and because, contrary to the expectation of parent and teacher, spectacles are not the remedy. Some such cases have been known to be taken to an unskilled person who has provided spectacles which tended to make matters worse and not better.



## OPHTHALMIC TREATMENT.

**TABLE D.**—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted or not Requiring Treatment. Year ending 31st July, 1920.

TREATMENT CENTRE	Number of Children Examined.	*Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
Abington, ... ..	24	1	26	21	3	0
Airdrie, ... ..	234	120	362	193	35	6
Baillieston, ... ..	110	6	128	90	16	4
Bellshill, ... ..	101	86	202	83	15	3
Biggar, ... ..	31	12	45	25	6	0
Bishopbriggs, ... ..	25	7	34	19	6	0
Blantyre, ... ..	52	86	141	43	8	1
†Cambuslang, ... ..	23	109	134	19	4	0
Carluke, ... ..	24	24	48	20	3	1
Carnwath, ... ..	20	9	29	14	5	1
Chryston, ... ..	15	22	37	15	0	0
†Coatbridge, ... ..	20	162	183	16	4	0
East Kilbride, ... ..	17	8	26	13	4	0
Lanark, ... ..	60	108	172	43	16	1
Larkhall, ... ..	16	35	51	13	2	1
Lesmahagow, ... ..	26	21	47	22	4	0
†Motherwell, ... ..	50	85	142	43	3	4
†Rutherglen, ... ..	17	97	115	13	2	2
Shotts, ... ..	75	78	158	64	11	0
Strathaven, ... ..	12	5	17	9	3	0
Uddingston, ... ..	52	4	62	46	4	2
Wishaw, ... ..	88	95	190	67	16	5
	1092	1180	2349	891	170	31

\* This column includes certain cases carried forward from the previous year.

† Cases treated previous to appointment of part-time Ophthalmic Surgeons.



# OPHTHALMIC TREATMENT.

TABLE E.—Giving Details of Conditions, other than Refraction Errors, whether Treated or Advised.  
Year ending 31st July, 1920.

TREATMENT CENTRE.	No. of Children Examined.	Squint (Convergent).	Squint (Divergent).	Corneal Opacity.	Leucoma Adherens.	Corneal Ulcer.	Conjunctivitis and Blepharitis.	Phlyctenular Con- junctivitis & Keratitis.	Xerosis of Conjunctiva.	Mucocoele and Dacryocystitis.	Cataract.	Chorioido-Retinal Changes (Myopic).	Do. other than Myopic.	Sequelae of Iritis.	Optic Atrophy.	Nystagmus.	Congenital Amblyopia.	Congenital Word or Letter Blindness.	Other Congenital Defects.	Disorganization of Eye.	Anophthalmos.	Microphthalmus.	Retinitis Pigmentosa.	Retinal Detachment.	Ophthalmoplegia.
Abington, ...	24	5	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Airdrie, ...	234	57	3	15	...	1	10	2	...	...	...	4	2	...	1	2	...	...	...	1	1	1	...	...	
Baillieston, ...	110	35	...	18	1	...	2	1	...	1	2	...	...	1	...	1	...	1	...	...	...	...	...	...	
Bellsbill, ...	101	19	2	7	...	1	6	2	...	...	1	4	...	...	1	1	1	...	1	...	...	...	...	1	
Biggar, ...	31	4	1	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	1	...	...	1	...	...	
Bishopbriggs, ...	25	9	2	4	...	...	1	1	...	...	...	2	...	...	1	...	...	...	...	...	...	1	...	...	
Blantyre, ...	52	15	1	4	1	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	
*Cambuslang, ...	23	4	1	1	...	...	3	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	
Carluke, ...	24	4	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	
Carzawath, ...	20	5	1	3	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	
Chryston, ...	15	4	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
*Coatbridge, ...	20	11	1	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	
East Kilbride, ...	17	5	...	2	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	
Lanark, ...	60	11	1	3	2	1	9	3	3	...	...	2	...	...	2	1	...	...	...	...	...	...	...	...	
Larkhall, ...	16	8	1	3	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	
Leamnahagow, ...	26	6	2	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	
*Motherwell, ...	50	13	2	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
*Rutherglen, ...	17	4	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	
Shotts, ...	75	11	4	3	2	...	4	1	...	...	1	2	1	...	1	...	...	...	...	...	...	...	...	...	
Strathaven, ...	12	3	1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	
Uddingston, ...	52	15	...	2	...	1	3	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	
Wishaw, ...	88	22	3	4	...	...	...	...	...	...	2	3	1	...	...	1	...	...	1	...	...	...	...	...	
	1092	270	26	80	6	5	48	11	3	1	12	24	6	3	8	8	1	2	3	2	1	2	1	1	2

\* Cases treated previous to appointment of Part Time Ophthalmic Surgeons.





## OPHTHALMIC TREATMENT.

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**TABLE F.**—Indicating the nature of the errors corrected by Spectacles, each eye considered separately—891 cases. Year ending 31st July, 1920.

	R.	L.
Hypermetropia ... ..	244	258
Hypermetropic Astigmatism, simple and compound ... ..	321	319
Myopia ... ..	68	69
Myopic Astigmatism, simple and compound..	121	123
Mixed Astigmatism ... ..	105	101
Eyes not requiring correction, or too defective for correction ... ..	32	21
	<hr style="width: 50%; margin: 0 auto;"/> 891	<hr style="width: 50%; margin: 0 auto;"/> 891
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>



## REPORT ON OPHTHALMIC TREATMENT IN RUTHERGLEN DISTRICT.

(H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.)

During the period under review the total number of cases fully examined by me was 121, consisting of 61 boys and 60 girls. Of this total 60 were re-visited for the purpose of checking the glasses prescribed. The total number of attendances at the clinic was 198.

With very few exceptions the visual acuity was much improved, and in the vast majority reached the normal acuity with suitable lenses. Re-visits showed that, where glasses had been procured, the prescriptions had been accurately executed by the optician and that the frames were well fitting.

The outstanding feature of the cases which came under my observation was the large number of "squint" cases, viz., 26, and in this connection Dr Thomson's remarks on page 15 of the Annual Report for 1918-19 call for emphasis. A campaign of education in this matter is overdue, and, where glasses fail to rectify the squint, operation should be urged. The parents' consent would more readily be obtained if they could be made to realise the extent of the handicap in life to their children and the absence of "risk to sight"—in an operation which practically entails none—were explained.

It only remains to add that the excellent arrangements made by the School Medical Officer greatly facilitated the work, and the assistance of the School Nurse at the clinic was most helpful.

The following Tables give an analysis of the work at the clinic:—

(A.) Table showing the Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia ... ..	15	18	9	11
Hypermetropic Astigmatism, simple and compound ... ..	24	23	27	24
Myopia ... ..	6	5	4	4
Myopic Astigmatism, simple and compound ... ..	8	9	8	11
Mixed Astigmatism ... ..	2	2	5	4
Eyes not requiring correction, or too defective for correction ... ..	6	4	7	6
	<u>61</u>	<u>61</u>	<u>60</u>	<u>60</u>

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent) ... ..	16	10
„ (divergent) ... ..	1	1
Corneal Opacities ... ..	4	4
„ Ulcers ... ..	1	—
Conjunctivitis and Blepharitis... ..	9	2
Choroido-Retinal Changes (other than Myopic) ... ..	1	3
Nystagmus ... ..	1	—
Cataract ... ..	4	—
	<u>37</u>	<u>20</u>

(C.) Table showing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Burgh Public ... ..	5	12	4	6
Farie Street ... ..	16	15	8	13
Gallowflat... ..	8	8	5	3
Macdonald... ..	6	6	4	2
Stonelaw H.G.... ..	14	13	5	2
Rutherglen R.C.... ..	12	6	6	2
	<u>61</u>	<u>60</u>	<u>32</u>	<u>28</u>

## REPORT ON OPHTHALMIC TREATMENT IN CAMBUSLANG DISTRICT.

(H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.)

The total number of cases fully examined by me during the past session was 86, made up of 35 boys and 51 girls, whilst the number re-visited was 48. The total number of attendances at the clinic was 144. Refractive errors showed a total of 86, whilst conditions other than errors of refraction amounted to 52.

The general remarks on the cases seen by me at Rutherglen apply equally to Cambuslang.

The particulars as to Refraction and other conditions are shown in the following Tables, and, here again, I desire to draw special attention to the large number of squint cases, viz., 23.

(A.) Table showing the Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia ... ..	10	10	8	7
Hypermetropic Astigmatism, simple and compound ... ..	16	13	24	26
Myopia ... ..	1	2	2	3
Myopic Astigmatism, simple and compound ... ..	4	3	8	5
Mixed Astigmatism ... ..	2	2	7	4
Eyes not requiring correction, or too defective for correction ... ..	2	5	2	6
	<u>35</u>	<u>35</u>	<u>51</u>	<u>51</u>

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent) ... ..	11	11
„ (divergent) ... ..	—	1
Corneal Opacities ... ..	5	13
Conjunctivitis and Blepharitis ... ..	2	1
Choroido-Retinal Changes (other than Myopic) ... ..	1	2
Nystagmus ... ..	1	1
Cataract ... ..	—	1
Coloboma ... ..	1	1
	<u>21</u>	<u>31</u>

(C.) Table showing Schools from which cases were obtained

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Cambuslang ... ..	5	8	4	4
Eastfield ... ..	6	8	5	5
Hallside ... ..	5	6	2	6
Kirkhill ... ..	—	4	—	3
Newton Public ... ..	5	3	3	2
West Coats H.G.... ..	3	6	1	4
Newton R.C. ... ..	5	6	—	—
St. Bride's R.C. ... ..	6	10	2	7
	—	—	—	—
	35	51	17	31
	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>



## REPORT ON OPHTHALMIC TREATMENT IN COATBRIDGE DISTRICT.

(W. HISLOP MANSON, M.A., M.D., F.R.F.P.S.G.)

The number of children examined and treated was 286, consisting of 125 boys and 161 girls. Of these 127 were re-visited in order to ascertain whether the glasses prescribed were in every way suitable, and, where local treatment of the eyes had been ordered, whether the treatment was being duly carried out.

Of the 286 cases referred to me by the School Medical Officer for treatment, in only one case, apart from those suffering from actual disease, did I consider it unnecessary to prescribe correcting lenses. Cases that were found to be of the progressive type of Myopia and one case of a progressive disease (Retinitis Pigmentosa) were referred to the Authority's Ophthalmic Surgeon (Dr Thomson) and to the School Medical Officer for further examination and consideration as to the educational future of the children.

Apart from these conditions of disease, the most striking thing has been the necessity for correcting large errors of refraction in children who have fairly good vision. Such cases are usually very difficult to discover in school and it is only by careful, systematic examination that a large proportion of these cases are detected. Teachers have usually more opportunity for observing slight symptoms of eye defect in their scholars than the medical officers have, and I would impress on all class teachers the necessity for presenting to the Medical Officer every case where defective vision, even of a slight degree, is suspected.

The following tables give an analysis of the cases treated at the clinic:—

(A.) Table showing the Nature of the Errors Corrected by Spectacles.

	Boys.		Girls.	
	R.	L.	R.	L.
Hypermetropia ... ..	30	38	47	43
Hypermetropic Astigmatism, simple and compound ... ..	59	49	68	73
Myopia ... ..	7	8	10	9
Myopic Astigmatism, simple and compound ... ..	10	9	15	16
Mixed Astigmatism ... ..	1	3	7	6
Eyes not requiring correction, or too defective for correction ... ..	18	18	14	14
	<u>125</u>	<u>125</u>	<u>161</u>	<u>161</u>

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent) ... ..	43	48
„ (divergent) ... ..	—	2
Corneal Opacities... ..	14	20
„ Ulcers ... ..	1	2
Conjunctivitis and Blepharitis... ..	7	4
Phlyctenular Conjunctivitis and Keratitis	—	1
Choroido-Retinal Changes (Myopic) ... ..	1	—
„ „ (other than Myopic)	—	1
Nystagmus ... ..	1	—
Cataract ... ..	—	1
Leucoma Adherens ... ..	1	—
Ptosis ... ..	—	1
Retinitis Pigmentosa ... ..	—	1
	68	81
	<u>68</u>	<u>81</u>

(C.) Table showing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Blairhill ... ..	11	13	3	5
Coatbridge Public ... ..	5	8	1	5
Coatbridge H.G.... ..	5	8	2	5
Coatdyke ... ..	3	7	—	—
Dundyvan... ..	6	13	2	4
Gartsherrie Academy.. ...	18	7	9	5
Gartsherrie Public ... ..	2	—	1	—
Greenhill ... ..	12	17	4	11
Langloan ... ..	8	17	6	8
Old Monkland ... ..	5	5	—	—
Whifflet Public ... ..	7	12	2	5
St. Augustine's R.C... ..	22	19	16	11
St. Patrick's R.C. ... ..	9	22	2	5
Whifflet R.C.... ..	12	13	6	9
	<u>125</u>	<u>161</u>	<u>54</u>	<u>73</u>

# REPORT ON OPHTHALMIC TREATMENT IN HAMILTON DISTRICT.

(JAMES R. WATSON, M.A., M.D., D.P.H.)

For the year ending 31st July, 1920, the total number of cases examined was 214, consisting of 65 boys and 149 girls. Of this number 99 were re-visited for the purpose of checking the glasses prescribed. The total number of attendances was 318.

As in former years, the great bulk of the work has been the correcting of errors of refraction, particulars of which are given in the following Tables. Several cases, other than cases of refractive errors, were seen, but the majority of such cases are treated by the family physician. The remarks made in my last two reports regarding the comparative incidence of the various refractive errors and the age and sex incidence, are, in general, borne out by these more recent results.

The following Tables give an analysis of the work done during the session:—

(A.) Table showing Nature of Errors corrected by Spectacles.

	Boys.		Girls.	
Hypermetropia ... ..	4	(3)	9	(4)
Hypermetropic Astigmatism, simple and compound... ..	44	(12)	84	(22)
Myopia ... ..	1	(1)	12	(6)
Myopic Astigmatism, simple and compound ... ..	7	(1)	20	(7)
Mixed Astigmatism ... ..	6	(2)	22	(11)
Eyes not requiring correction, or too defective for correction ... ..	3	(—)	2	(—)
	<u>65</u>	<u>(19)</u>	<u>149</u>	<u>(50)</u>

Figures in brackets refer to number of cases where the defect was present in one eye only, the other being emmetropic or of different refraction.

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent) ... ..	13	20
Corneal Opacities ... ..	2	4
Conjunctivitis and Blepharitis ... ..	—	4
	<u>15</u>	<u>28</u>

(C.) Table showing Schools from which Cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys	Girls.
Academy ... ..	—	3	—	—
Beckford Street ... ..	13	25	11	20
Bent Road... ..	1	4	—	—
Dykehead... ..	—	1	—	—
Ferniegair... ..	6	13	—	—
Glenlee ... ..	3	15	2	13
Greenfield... ..	3	9	3	6
Low Waters ... ..	9	27	—	—
Quarter ... ..	5	7	—	—
St. John's Grammar... ..	10	23	10	23
Townhead Street... ..	4	7	—	—
Woodside ... ..	5	6	—	—
Burnbank R.C. ... ..	2	4	2	2
Hamilton R.C. ... ..	4	5	4	3
	—	—	—	—
	65	149	32	67
	<u>65</u>	<u>149</u>	<u>32</u>	<u>67</u>

## REPORT ON OPHTHALMIC TREATMENT IN MOTHERWELL DISTRICT.

(JAMES A. WILSON, M.D., D.P.H.)

During the period under review the total number of scholars examined for visual defect and eye disease was 215, made up of 86 boys and 129 girls. Glasses were prescribed in 173 cases. Many of the scholars attended several times at the clinic, and 121 were re-visited for the purpose of checking the glasses prescribed. Altogether 384 attendances were made at the clinic.

On the whole, the vision of the scholars was much improved by the glasses. Three scholars have very defective vision, which is not improved by glasses, and these children were referred for special consideration as regards their educational future. There were two cases of hysterical or functional visual defect and one case of serious disease at the back of an eyeball. Arrangements were made for the latter case to be admitted to hospital. Treatment was prescribed for eight cases of active disease of the eye.

The following Tables give an analysis of the work undertaken during the session:—

(A.) Table showing the Nature of the Errors Corrected by Spectacles.

	Boys.	Girls.
Hypermetropia ... ..	21	12
Hypermetropic Astigmatism, simple and compound ... ..	36	55
Myopia ... ..	5	15
Myopic Astigmatism, simple and compound ... ..	6	7
Mixed Astigmatism ... ..	7	9
Eyes not requiring correction, or too defective for correction ... ..	11	31
	<hr/> 86 <hr/>	<hr/> 129 <hr/>

(B.) Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

	Boys.	Girls.
Squint (convergent) ... ..	20	21
Corneal Opacities ... ..	2	13
„ Ulcers ... ..	—	3
Conjunctivitis and Blepharitis... ..	—	3
Phlyctenular Conjunctivitis and Keratitis	—	2
Choroido-Retinal Changes (Myopic) ... ..	—	2
„ „ (other than Myopic)	1	—
Nystagmus ... ..	—	5
Cataract ... ..	—	2
	23	51
	<u>—</u>	<u>—</u>

(C.) Table showing Schools from which cases were obtained.

School.	No. of Children examined.		No. of Children re-visited.	
	Boys.	Girls.	Boys.	Girls.
Calder ... ..	2	10	2	5
Craigneuk... ..	3	12	2	7
Dalziel... ..	8	5	4	1
Glencairn ... ..	4	6	1	3
Hamilton Street ... ..	1	—	1	—
Higher Grade... ..	3	7	2	6
Knowetop... ..	9	7	5	4
Merry Street ... ..	7	6	3	3
Milton Street... ..	6	9	1	4
Muir Street ... ..	8	8	7	5
Newarthill... ..	2	3	2	—
New Stevenston ... ..	3	8	3	4
Carfin Public... ..	4	3	2	2
Carfin R.C. ... ..	—	5	—	4
Craigneuk R.C. ... ..	13	19	8	10
Motherwell R.C.... ..	13	21	5	15
	—	—	—	—
	86	129	48	73
	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

## DENTAL TREATMENT.

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The exceedingly unsatisfactory condition of children's teeth is too well known to be further emphasised in this Report. Statistics from all over the country show that anything from 60 to 80 per cent. of school children stand in more or less need of dental treatment. Although dental treatment of school children has been undertaken in this County since 1912, the opinion of the Dental Surgeons engaged in the work is that the necessity for treatment is practically as great to-day as it was then.

In November, 1919, two additional whole-time Dental Surgeons were appointed by the Authority. This now makes a staff of four Dentists who devote all their time to the examination and treatment of the pupils. The following are the School Management Areas to which the Dentists are allocated:—

Mr BOWER .....	Rutherglen, Cambuslang, Cadder, and Old Monkland (including Coatbridge) Areas.
Mr KERR .....	New Monkland (including Airdrie), Bothwell (including Bellshill), and Shotts Areas.
Mr BEATTIE.....	Biggar, Carluke, Carnwath, Cambusnethan (including Wishaw), Dalziel (including Motherwell), Douglas, Lanark, and Southern Areas.
Mr RANKIN .....	Blantyre, Avondale, East Kilbride, Hamilton, Lesmahagow, Dalserf (including Larkhall), Glassford, and Stonehouse Areas.

The Dentists personally undertake the dental examination of all children between the ages of 6 and 9 years, whilst the School Medical Officers, at their routine inspection, examine the teeth of the "Intermediates" and "Leavers." Next session it is proposed that the Dentists will personally examine the teeth of all children between the ages of 6 and 10 years. The ideal, of course, would be for the Dental Surgeons to undertake the dental inspection of ALL the pupils, and it is hoped that this may, in course of time, be accomplished.

The total number of children whose teeth were examined this year by the School Medical Officers and the Dental Surgeons was 54,217. Of that total no fewer than 31,153 were notified as requiring treatment, i.e., over 57 per cent. It is quite probable that, had the dental examination of the senior pupils been conducted by Dental Surgeons, this percentage would have been considerably increased. The total number of pupils treated by our own Dentists was 8989, i.e., nearly 29 per cent. of those notified. The details of treatment are shown in Table G.

As regards the care of the teeth, a great deal of parental carelessness is still evident in every district, but it is more manifest in the towns than in the rural areas. There can be little excuse for this



neglect in the towns, as the children there are much more favourably situated as regards treatment centres than their country brothers. The distance which some of the latter have to come to the nearest treatment centre is often very great, and it is plain that, if the children cannot come for treatment, the treatment will have to be taken to the children. The question of making treatment more accessible to the rural children is at present being considered by the Authority, and, doubtless, better facilities for both visual and dental treatment will soon be afforded to children even in the remotest parts of the County.

While the onus of refusing treatment lies ultimately with the parents, a great deal can be done, and in many cases is done, by the teachers in encouraging their pupils to accept the treatment offered. In comparing the percentages of children examined and children treated in the various schools, it will be noticed how greatly the percentage varies in schools which are similarly situated as regards convenience to the treatment centres. This variation is well-marked in the urban areas, and as the class and type of scholar in the schools vary but little, it must be presumed that some teachers are more enthusiastic as regards the treatment of their pupils than others. A Table which will compare the percentages of visual and dental cases treated with those notified in the various schools of the School Management Areas may be issued in next year's Report.

Reporting on the dental inspection and treatment of the children for the past year, all the Dentists are in agreement as to the need for systematic and regular supervision. Mr Bower, who has been engaged in school work in the County for some years, draws attention to the average amount of work required for each patient. This, he states, is steadily becoming smaller. This is certainly an encouraging factor. He also asks for the whole-hearted support of the teachers in encouraging their pupils to apply for treatment. "Force of example—seeing others go to the clinic—has its effect on children," he says, "and the good results of treatment are obvious to the parents, who, in turn, influence their neighbours to send their children for treatment. But education by this means is slow. With the help of the teacher the scheme is more likely to appeal to the youthful mind *as forming a necessary part of school life.*"

Mr Beattie and Mr Kerr both comment on the difficulty that country children have in reaching the various treatment centres. In some instances there is neither railway nor other public conveyance available, and children in such districts are unduly penalised in comparison with children in urban areas. They emphasise the necessity for a complete portable dental outfit to overtake the treatment at these outlying schools. Regarding the presence of mothers at the clinic, Mr Beattie says: "Personally, I welcome the appearance of the parents at the operating room. They can be instructed in the benefits which accrue from the care and cleanliness of their children's teeth, and they leave the room fully impressed by the benefits which dental treatment affords. Such parents will have little hesitation in applying for treatment when other members of the family have been notified by the school dentist." Again, in referring to the transition stage from temporary to permanent teeth, he remarks: "A number of cases of

long-retained deciduous teeth come under my notice, causing the permanent premolars to erupt far out of the normal arch, and in this way the premolars become functionless. This class of child urgently requires treatment so as to ensure it having a perfect functioning set of teeth."

Mr Kerr, remarking on the presence of mothers at the clinic, says: "I am always very glad to see the mothers at the treatment centre, for thereby a spirit of mutual confidence is engendered between the dentist and the parent, and this will have good results in the future. It is remarkable, however, how many parents are rather disappointed if the child's tooth is saved by conservative treatment. They consider dental treatment to mean extraction of all offending teeth, and they frequently express their disappointment when their expectations are not fulfilled."

Mr Rankin, in reporting on the condition of the children's teeth, states: "What impressed me most was the unhealthy state of the children's mouths due to decay of the temporary teeth. A considerable amount of my time, especially in the case of the younger children, was occupied in 'cleaning up' the mouths by extractions. I am afraid this will always have to be done in the case of young children, although, I trust, to a lessening extent; but the regular dental supervision thereafter should, in the case of the older pupils, reduce extractions to a minimum."

All the Dental Surgeons express their indebtedness to the headmasters and class teachers for the assistance received during the dental inspections at school, and to the janitors at the various treatment centres for their help in making the treatment and waiting rooms as comfortable as possible.

During the complete session, Mr Bower overtook the extraction of 4907 temporary teeth and 381 permanent teeth, and performed 1162 fillings; Mr Beattie extracted 8932 temporary and 831 permanent teeth and did 1004 fillings. Mr Rankin and Mr Kerr, who were appointed three months after the session commenced, and who had not therefore a complete year's work, undertook the following:—Mr Rankin—Extraction of temporary teeth, 4582; extraction of permanent teeth, 377; and 1020 fillings; Mr Kerr—Extraction of temporary teeth, 3933; extraction of permanent teeth, 279; and 567 fillings.

In addition to the foregoing, scaling was done in 18 cases, dressings in 65 cases, and cleanings in 6 cases.

The number of children shown as having been treated, viz., 8989, does not include those pupils who, as a result of inspection at school, obtained treatment from their own private dentist. This applied chiefly to pupils attending Higher Grade Schools. In some instances parents have written thanking the inspection staff for drawing their attention to unsuspected dental defects in their children.

Table G. shows in detail the amount and nature of the dental work undertaken in each School Management Area.

SUPPLEMENTARY DENTAL REPORT by Mr ALEXANDER MITCHELL, L.D.S., Part-time Dental Surgeon to the late Bothwell School Board. (This Dentist ceased to be employed by the Education Authority as from 31st December, 1919.)



DATE.	Pupils Examined.	Number Requiring Treatment.	Number Treated.	Extractions.	SCHOOL.
Aug. 28th.	241	200	—	—	Bellshill Academy.
Sept. 4th.	150	142	—	—	Bothwellpark.
„ 11th.	—	—	9	22	Bellshill Academy.
„ 18th.	—	—	5	7	Bothwellpark.
„ 25th.	—	—	5	11	Bellshill Academy.
Oct. 2nd.	No patients from				Bothwellpark.
„ 9th.	—	—	11	26	Bellshill Academy.
„ 16th.	—	—	3	6	Bothwellpark.
„ 23rd.	196	151	—	—	Mossend Public.
„ 30th.	No Patients from				Bothwellpark.
Nov. 6th.	—	—	8	18	Bellshill Academy.
„ 13th.	—	—	3	9	Mossend Public.
„ 20th.	84	73	—	—	Bothwell Public.
„ 27th.	No Patients from				Mossend Public.
Dec. 4th.	107	89	—	—	Belvidere.
„ 11th.	—	—	6	9	Bothwell Public.
Totals.....	778	655	50	108	

TABLE G

## DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1920.

INSPECTION.						TREATMENT.									NO. OF PUPILS.	
SCHOOL MANAGEMENT AREAS.	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.									Necessitous.	Partly Necessitous
		Boys.	Girls.	Boys.	Girls.	Extractions.		Fillings.		Scaling.	Dressing.	Cleaning				
						Temp.	Perm.	Cem.	Amal.							
Arundale, ... ..	454	112	101	47	53	223	26	9	47	1	...	...	50	50		
Bigger, ... ..	443	95	99	48	53	282	39	.	24	...	...	...	64	37		
Blaspyre, ... ..	1735	502	504	263	293	1973	92	...	108	...	...	1	189	367		
Boothwell, ... ..	6571	2405	2417	404	454	1898	129	5	292	4	18	2	330	528		
Badder, ... ..	2405	530	579	191	186	858	57	2	201	2	4	...	144	233		
Bombaslang, ... ..	2689	568	687	199	276	998	133	...	232	1	2	...	142	333		
Bombasethan, ... ..	3144	1186	1130	295	258	1705	148	2	207	...	4	...	143	410		
Burke, ... ..	1005	293	259	107	114	521	105	...	91	...	1	...	84	137		
Caruath, ... ..	235	125	105	17	14	112	9	...	2	...	...	...	15	16		
Dubert, ... ..	2043	604	589	94	85	486	26	...	95	...	...	...	43	136		
Daniel, ... ..	4639	1388	1387	399	377	1872	238	...	212	...	2	...	244	532		
Douglas, ... ..	288	87	79	1	2	12	...	...	5	...	...	...	3	...		
East Kilbride, ... ..	304	60	59	28	23	137	20	...	36	...	...	...	13	38		
Glasford, ... ..	182	41	44	10	9	50	1	...	12	...	...	...	8	11		
Hampton, ... ..	6033	1734	1757	750	746	3842	334	31	802	2	6	...	505	991		
Leart, ... ..	1557	501	535	193	162	1106	92	1	164	...	...	...	224	131		
Lomahagow, ... ..	1078	362	326	87	89	583	27	...	55	...	1	...	68	108		
New Monkland, ... ..	4686	1153	1480	457	445	1828	151	10	244	5	21	3	405	497		
Old Monkland, ... ..	7663	1771	1708	445	451	1937	123	...	458	3	6	...	365	531		
Rimberghen, ... ..	4092	1006	932	243	261	1114	63	...	277	...	...	...	161	343		
Scots, ... ..	2323	747	752	123	115	438	15	...	92	...	6	...	79	159		
Southern, ... ..	241	41	59	26	41	182	29	...	5	...	...	...	36	31		
Stretton, ... ..	407	122	123	36	19	197	6	1	37	...	...	...	17	38		
TOTAL, ... ..	54217	15439	15714	4463	4526	22354	1868	61	3692	18	65	6	3332	5657		



## REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

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(JAMES ADAM, M.D., F.R.F.P., S.G.)  
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During the year ending 31st July, 1920, I treated 131 school children. This involved no fewer than 630 attendances, and the number of hours occupied in actual treatment was  $93\frac{1}{4}$ . Altogether 69 operations were performed under general anaesthesia (chloroform, or chloroform and ether), and 41 operations under local anaesthesia. These operations comprised:—

- |   |    |
|---|----|
| (a) Operations for Diseases of the Nose ..... | 49 |
| (b) Operations for Tonsils and Adenoids ..... | 61 |

In addition to the above, I operated 6 times in Glasgow Royal Infirmary on school children whom I sent to my wards there.

At the request of the School Medical Officers, I also specially examined and reported on two cases of defective hearing.

